

Substitute for form 1449/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				Application Number	09/700,851
(Use as many sheets as necessary)				Filing Date	November 17, 2000
Sheet	1	of	1	First Named Inventor	Matsumoto, Yoh-Ichi
				Art Unit	1645
				Examiner Name	Rodney P. Swartz
				Attorney Docket Number	
				019026-000110US	

<b>FOREIGN PATENT DOCUMENTS</b>							
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>				
AA	CA	2,078,716		03-22-1994	Mount Sinai Hospital Corporation		<input type="checkbox"/>
AB	CA	2,163,716		05-25-1997	Lingwood et al.		<input type="checkbox"/>
AC	ES	2183144	T3	03-16-2003	Karch et al.	See translation of EP0941251 B1	<input type="checkbox"/>
AD	PCT	WO95/22349	A1	08-24-1995	Lingwood et al.		<input type="checkbox"/>
AE	PCT	WO96/28731	A1	09-19-1996	Board of Regents Uniformed Services University of The Health Sciences		<input type="checkbox"/>
AF	PCT	WO96/30043	A1	10-03-1996	Ophidian Pharmaceuticals		<input type="checkbox"/>

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

\*Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.